Caroline County Health Department Division of Environmental Health (410 479 8045) 403 S 7th Street, Rm 248, Denton, MD 21629

SANITARY CONSTRUCTION AND/OR SEWAGE HAULER LICENSE APPLICATION

DIRECTIONS: Complete items A-M attach fee and certificate of <u>commercial liability insurance and workmen's compensation</u> naming Caroline County Health Department as a certificate holder.

| A. Name of business: | | |
|--|--|---|
| B. Owner of business (one person) FIRST NAME, LAST NAME: | | |
| C. Mailing address:(Street addres or P.O. Box number, City, State, ZIPthis is who | | |
| D. PHONES: Day: | Fax: | Cell: |
| E. EMAIL: | | |
| F. TYPE OF LICENSE (select ONE of theInstaller only (\$250 fee)Hauler only (\$250 fee)Both Septage Hauler and Septic System Please make check or money order payor | m Installer (\$500 fee) | NTY HEALTH DEPARTMENT |
| G. List on back mechanical equipment you | u own to install and/or pur | mp septic systems (make/model number/year): |
| H. Do you own a surveyors level? | | |
| I. List on back other licenses (past or current) yo | ou hold or have held relati | ng to sanitary construction. |
| J. Submit list of individuals in your firm v to construct on-site septic systems (incl | • | • • |
| K. Describe on back any experience you h | nave relating to sanitary co | onstruction and/or hauling septage. |
| L. If hauler, attach copy of most recent your truck(s) not inspected by Maryland c insurance and fee must be received before dump waste at approved facility require | county, call 410/479-8045 or brought in at the time of | to schedule an inspectionthis application |
| M. Signature: | D | vate: |